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CURE OF SQUINTING.

BY R. T. LIGHTFOOT, SURGEON, NEWCASTLE.

Case 1.—Susanna Forster, aged 10. Her parents state that her eyes were perfectly straight until 11 months ago, when she suffered from a mild attack of measles; during or immediately after which she was observed to squint with her left eye: since then it has gradually increased. At present, when desired to look at an object placed directly before her, one-third of the cornea is observed to be concealed behind the inner canthus. When the right eye is closed, the movements of the left are quite normal, and its power of vision equal to that of the other side. On the 22d of June, with the assistance of my friends, Drs. Charlton and Elliot, I performed the operation in the following manner:—The patient being seated, a cloth was passed round her body, and fastened behind the chair: a bandage was placed over the right eye, and her head rested against Dr. Charlton's breast, who also elevated the upper eyelid with his fingers, whilst Dr. Elliot depressed the lower one. Desiring the patient to evert the eye as much as possible, I passed a small hook through the conjunctiva, about a line external to the caruncula, and gave it to one of my assistants, desiring him to evert the eye, and stretch the conjunctiva. This membrane was then divided between the caruncula and hook to the extent of half an inch from above downwards, by means of a triangular cornea knife. The hæmorrhage was trifling, but the loose sub-conjunctival cellular tissue near the incision being infiltrated with blood, presented almost a muscular appearance, and rather retarded the introduction of a bent silver probe beneath the tendon of the internal rectus muscle. After a little delay it was effected, and the tendon being brought into view was divided with a sharp-pointed, curved bistoury. The eye instantly became straight. She could now evert it to any extent, but could not invert it in the same degree. A small portion of conjunctiva, which prolapsed between the eyelids, was re-placed with a probe, and the eye covered with a fold of lint wetted with cold water. The application of cold water to be continued during the day—to have six leeches applied to the lower eyelid, and to take a purgative powder at bed-time.

30. The movements of the two eyes are quite parallel: all that now remains is a slight ecchymosis, and prominence of the newly-cicatrized conjunctiva.

Case 2.—John C. Preston, aged 23, has squinted with his left eye

since the age of 5 or 6 years; he cannot attribute it to any cause, except having acquired the habit by imitation from one of his companions. At present the eye is so far distorted, that one-fourth of the cornea is concealed by the inner canthus. On closing the sound eye, the left can be everted to about half its normal extent. Its sentient power is much impaired, being unable to distinguish any but the largest print.

June 29. With the assistance of my friends, Dr. Charlton and Mr. Snowden, I divided the tendon of the internal rectus in the same manner as in the case of Forster. The hæmorrhage was trifling, and division of the tendon easily effected. The eye instantly resumed its natural position. Lint soaked with water to be constantly applied to the eye during the day, and to have a dose of castor oil at bed-time.

July 6. Mr. P. resumed business to-day; a slight redness and prominence where the conjunctiva was divided, being all that now remains; and that is only observed when the eyelids are separated, or the eye considerably everted.

Case 3.—Hephzibah M'Pherson, aged 21, has squinted with her right eye since the age of four years, when she acquired the habit without any known cause. At present, nearly one-third of the cornea is concealed by the inner canthus. On covering the sound eye, she can evert the other so far as to bring it straight: its sensibility is much impaired, being unable to distinguish the largest print.

July 10. I divided the tendon of the internal rectus, with the assistance of my friends, Dr. Charlton and Mr. Smith. Immediately the eye resumed its natural position, and moved parallel to the other. Cold water to be applied all day, and the aperient powder to be taken at bed-time.

14. The patient resumed her occupation to-day; all that is now observed being a slight redness and thickening where the conjunctiva was divided.—*Lancet.*

SECRETION OF HUMAN MILK, NURSING, &c.

[A work on the Anatomy of the Breast, from the pen of Sir Astley Cooper, with a volume of folio plates, has lately been published in London. From an extended notice of it in the British and Foreign Medical Review, we extract the following.]

The secretion of milk commences generally on the third or fourth day after the birth of the child. Directly after parturition the blood, which is no longer required by the uterus, is directed to the breast for the secretion of nutriment for the infant. The author states that excitement, both constitutional and local, attends the commencement of lactation, a sufficient proof that the mother is urged by nature to suckle her infant as soon as her breasts can supply it with milk; for as soon as the child partakes of the proffered nourishment, the painful tension of the breast subsides, and all the symptoms of irritative fever are relieved. The action of the child's lips is the natural means of relieving the breast and causing the secretion of milk to continue; the first fluid, however,

which the infant extracts is not milk, but is a secretion believed to be of essential service as a purgative in removing the meconium which might otherwise accumulate and become injurious. The early application of the child to the breast has also the advantage of elongating the nipple and fitting it for its future functions, before the glands have become too distended and hardened by the abundance of the secretion of milk. After lactation is established, the secretion of milk is either constant or occasional. In the former case the milk-tubes are supplied by a slow and continued production of fluid, which being retained in them for a long time undergoes a certain change, rendering it fitter for the nourishment of the child. Such retention is evidently requisite, for when the child is too frequently put to the breast, the milk evidently loses some of its nutrient qualities, and the mother is also debilitated. The occasional secretion is that which is termed by mothers and nurses *the draught*, when there is a sudden rush of blood to the gland, and the milk is secreted so suddenly that it sometimes spirts out of the nipple. The sight of the child or the pressure of its hand or head to the breast are the most frequent causes of occasional secretion. It has been supposed by some physiologists that when the breast is from any cause distended with milk, the latter passes into the surrounding cellular membrane and absorbent glands; and Haller has spoken of the vessels which convey it to the latter. It was this doctrine, perhaps, which led to the absurd hypothesis that the constituents of the milk are furnished by the absorbents: a supposition which seemed to be favored by the fact that the mammary absorbents are eight times more numerous than the blood-vessels; and also because the milk more resembles chyle than blood, both the former fluids containing muriate of potash, of which there is none in the latter.

The supply of milk in the human female is often superabundant, and has to be removed by artificial means; neither its quantity nor its quality, however, seems to depend upon the size of the mammæ, but rather upon the constitution and general health of the individual. Sir Astley found that the quantity of milk furnished by the breast of a woman whose infant was eighteen weeks old was two ounces, but only half that quantity when it was drawn off more than once a day. A woman seventeen months after delivery milked two ounces from her breast when the child had been seven hours absent from her. The morning's milk he has almost constantly found greater in quantity than the evening's. The secretion of milk will continue for many years in a healthy mother, if encouraged by the application of the child to the breast; and the author cites instances of the great length of time it has endured, and even of mothers having suckled two of their children consecutively without any intermission of the secretion. Wet nurses have also been known to suckle two children consecutively. Sir Astley considers that the proper time for weaning is sufficiently indicated by the appearance of teeth, and by the concomitant capacity of the child to digest other food. The secretion, should it continue after this period, may be suppressed by the application of evaporating lotions and the administration of active purgatives in the morning.

After mentioning the causes, such as inflammation, the formation of abscess, general constitutional derangement, &c., which prevent a mother from suckling her infant, the author observes that this duty is too often neglected from caprice, the fear of trouble, the dread of spoiling the figure, or from anxiety to avoid the confinement it requires; and in some cases it may arise from a desire to bear a great number of children. Women who become pregnant again during lactation should wean the child, as the milk is now deteriorated in quality and disagreeable. This change may be easily explained when we reflect that the new function of the uterus must necessarily interfere with the supply of blood to the breasts. Should the mother be compelled from any cause to wean her child prematurely, there is no necessity, according to Sir Astley, and in this view he is supported by Drs. Walshman and Key, that the wet nurse who succeeds her should have been giving suck for precisely the same period; inasmuch as after the first few weeks of lactation the milk does not undergo any appreciable change. It is a singular fact that should the child be deprived of the breast from any cause, and should then be put to it again after the lapse of several weeks, the secretion of the gland will return and the child be supported by it.

The advantages which accrue to both mother and offspring from lactation are beautifully illustrated by the author. After remarking that women who have been previously delicate become strong and healthy whilst they suckle, he describes other numerous benefits which they derive from the performance of this duty.

"The giving suck may be the means of preventing or of lessening the tendency to puerperal fever by determining the blood to the breast for the secretion of milk, and withdrawing it from the uterus, peritoneum, and iliac vessels." "Suckling also diminishes the disposition to malignant diseases of the breast; for although women who have had children are still liable to cancerous and fungoid diseases, yet it is undoubtedly true that breasts which have been unemployed in suckling, in women who have been married but who are childless, and in those who have remained single, are more obnoxious to malignant diseases than those of women who have nursed large families; and if it were only to lessen the probability of the occurrence of such horrible complaints and causes of dissolution, women ought not to refuse suckling their offspring. A woman who has children and has suckled them is undoubtedly a better insurable life than a married woman who has no children or one who has remained single. A female of luxury and refinement is often in this respect a worse mother than the inhabitant of the meanest hovel, who nurses her children and brings them up healthy under privations and bodily exertions to obtain subsistence, which might almost excuse her refusal. The frequent sight of the child, watching it at the breast, the repeated calls for attention, the dawn of each attack of disease, and the causes of its little cries, are continually begetting feelings of affection which a mother who does not suckle seldom feels in an equal degree, when she allows the care of her child to devolve upon another, and suffers her maternal feelings to give place to indolence or caprice, or the empty calls of a fashionable and luxurious life. It is, however, melan-

choly to reflect that a life of high civilization and refinement renders the female less able to bear the shocks of parturition, less attentive to her offspring, and less capable of affording it its natural nourishment; so that she is often a worse mother in these respects than the female of the middle ranks of life or even the poorest cottager."

Besides the other evident benefits which the child derives from the breast of its mother, this is its natural pillow, and affords it especial relief during the irritation attendant on dentition, when, says Sir Astley, "The mother's anxiety contributes to the relief of the child, for it renders her milk a purgative, and thus acts usefully as an aperient when the system is in a feverish state, and thus operates as the best medicine." When, however, the mother is from any cause incapable of nourishing her offspring, the application of the child to the breast of another is infinitely preferable to bringing it up by hand. Dr. Merriman is of opinion that taking into consideration all classes of society, not more than two in ten children nourished by the latter method survive from eighteen to twenty months.

With respect to the appropriate food of the mother during lactation, the author, who has investigated this subject at considerable length, and has received information from different parts of the country on the habits of women who nurse their own children, has arrived at the conclusion that in the higher classes of society, at any rate, women take food in greater quantity and of a more stimulating nature whilst suckling than is either necessary or advantageous. Still no general law can be laid down either as to the quantity or quality of the food to be taken; and the instinctive cravings of the mother will be found the best indication of the amount of nourishment required. Improper diet of the mother, for instance fruits in some cases, or acids and fermented liquors, may injure the quality of the milk; which may also be deteriorated by the return of the menstrual secretion, on the appearance of which weaning should instantly be recommended, as the mother is incapable of supporting the double secretion, and as the milk is now rendered unfit for the support of the infant. In reference to the influence of various mental conditions upon the milk, the author confirms, from his own experience, the injurious effects of fits of anger, grief, anxiety, &c., upon its secretion, and narrates two cases in which females in consequence of a sudden alarm were compelled to give up suckling.

The milk is capable of being greatly changed in quality by pharmaceutical agents. This is proved by this circumstance amongst many others, that numerous children in our hospitals with a congenital venereal taint are cured by the administration of mercury to the mother. Purgatives very readily affect the milk, and act through it upon the bowels of the child. Olive oil, castor oil, confection of senna, and the compound extract of colocynth, Sir Astley seems to regard as the best purgatives for women during lactation: saline cathartics he disapproves of, as likely to produce too violent an effect upon the infant at the breast. The milk of a patient of Guy's Hospital who had been taking iodine for a fortnight was tested by Dr. Rees with sulphuric acid and starch, and strong indications of the presence of that medicine were thus detected.

Chevalier, Henry and Peligot administered various medicines to asses, and found traces of them afterwards in the lacteal secretion; of common salts, for instance, in abundance, as also of sesqui-carbonate of soda, and of sulphate of soda when administered in doses of two ounces. Iodide of potassium also affected the milk, as did the oxide of zinc, the tris-nitrate of bismuth, and sesqui-oxide of iron; but sulphate of quinine, the alkaline sulphurets, the salts of mercury, the nitrate of potass, could not be detected, even after the ingestion of these drugs in considerable doses.

For some interesting particulars respecting lactation amongst the blacks in the West Indies, contained in two letters addressed by Dr. Young to Sir Astley, we must refer the reader to the work itself.

ON THE VARIETIES OF COUGH.

FROM DR. GERHARD'S LECTURES ON DISEASES OF THE CHEST.

Cough is produced in diseases of the thorax from two causes—the accumulation of liquid in the bronchial tubes, and the sympathetic irritation caused in the larynx by pain or stricture in the chest. In the former variety, the cough is useful, and is productive of relief to the patient; in the latter it is often a cause of aggravation of symptoms. The true excretory cough occurs only in the diseases of the bronchial mucous membrane, and of the parenchyma of the lungs which directly communicate with this membrane. The irritative cough takes place not only in the earlier stages of inflammation of the bronchial tubes, and of disorders of the parenchyma and serous membranes which do not communicate with the bronchi, but it is also a frequent dependent upon diseases of the heart, and even of the stomach, and in many cases is caused by a disordered condition of the nervous system, which is totally foreign to the chest. You perceive, therefore, that the causes of the irritative cough are extremely various, and that the cough itself, in many cases, throws but little light upon them.

The dry or irritative cough.—The term irritative may properly enough be applied to this variety, which is nothing but a short and quick cough—that is, a short and rapid expiration, which is the essential character of cough. The term dry cough is so well known as the designation of this variety, that it is universally understood. It is followed by no real secretion; there is sometimes an expectoration of the small quantity of mucus, which is naturally found in the fauces and bronchi. The diseases of the lungs in which it occurs are the early stages of phthisis, and certain cases of serous inflammation. It is also an attendant upon the elongation and inflammation of the uvula, and may cease abruptly after its removal. In diseases of the stomach and bowels, and in affections of the mucous membranes of the abdomen as well as in peritonitis, the same variety of cough is observed. Indeed, you may generalize the subject much farther, and say that the short, dry cough is the most frequent form of irritative cough, and the most persistent; and that, although in itself it is of no moment, it is often the

sign of a commencing disease of the thorax. On the other hand, your knowledge of the circumstances which give rise to a dry cough, must lead you to look for other causes of it than the diseases of the chest—and after your physical examination has taught you that there is no important lesion in the thorax, your next object will be to examine other portions of the body, and ascertain whether some disease of the abdominal viscera, or a mere nervous irritability, will not account for this cough.

There is another variety of cough which is not very unlike the dry; that is, the sonorous cough; this is always loud, and at times very ringing and clear, so as to be heard at a considerable distance from the patient. This variety belongs to many morbid conditions; it is found in the chronic dry catarrh, but chiefly in the earlier stages of ordinary acute catarrh, before secretion has commenced. In its most marked degree, however, the sonorous cough is not indicative of diseases of the lungs, but of many and various conditions of this morbid nervous action; and, as you may readily suppose, it is most apt to occur in young girls, who are much more subject than any other class of individuals to diseases attended with deranged nervous action. Hence the cough is very irregular in its indication; and although when it is of recent occurrence and short duration, it is nearly always connected with disorder of the bronchial tubes—yet, when chronic, it is most frequently either a true nervous cough, or an attendant upon chronic diseases of the larynx, especially those in which there is a morbid growth which projects into the rima glottidis, and acts as a constant cause of irritation. This cough is therefore rather a matter which must exercise your sagacity, than a correct indication of any special disease.

The *suppressed cough* is, like the dry, a short cough; but it is checked by a voluntary effort of the patient; for as the act of coughing is, to a certain extent, independent of the will, a patient may arrest the violent expiration if he be aware that it will cause him much pain; hence the cough becomes suppressed in serous inflammations of the chest, where there is little or no secretion from the bronchi, and the pain is much more considerable than in ordinary cases of disease. In pertussis, the fear of exciting a violent fit of coughing will frequently cause it to be suppressed. In the early stages of pneumonia there is very little secretion into the bronchi; hence the necessity for cough and expectoration is but slight, while the accompanying pleuritic inflammation acts as in cases of simple pleurisy, and suppresses the cough.

The *laryngeal cough* is various in its character; still, as it depends upon thickening or ulceration of the larynx, the tone of the cough is stridulous and somewhat stifled; at times almost whistling. In the advanced ulceration of the larynx, which constitutes laryngeal phthisis, the cough is alternately loud and whistling, and again almost aphonic. This variety of the cough is attended with a peculiar alteration of the voice.

The *loose*, or *mucous cough*, is well known as the cough which attends the resolution of acute bronchitis, and is therefore of favorable prognosis in this disease; it is connected with a free secretion into the

bronchial tubes, and is of course accompanied by mucous rhonchus, and generally by expectoration. As there are many diseases in which there is an abundant liquid secretion into the bronchial tubes, the mucous cough is very far from being confined to bronchitis; it occurs also in the advanced stages of phthisis, in the third stage of pneumonia, hæmoptysis, &c. Hence, like most of the varieties of cough, it becomes useful as a sign, chiefly when combined with other symptoms.

In certain cases of large cavities from phthisis or gangrene, the cough sometimes is not merely mucous, but it is loud and rattling; that is, as it is caused by the free agitation of the air in a large cavity, it partakes of the characters of the cavernous respiration, and differs in being much louder and more gurgling from the ordinary mucous cough.

The *spasmodic cough* is the last variety of cough which is sufficiently characterized to admit of a separate description. The type of this variety is found in pertussis, in which disease the cough is more decidedly spasmodic than in any other. But there are numerous other cases of disease, especially lesions situated about the larynx, which are attended with a severe cough, returning in paroxysms, and sometimes accompanied with a noisy, whooping inspiration. Although it is most frequent in obstructions about the larynx and upper part of the trachea, the enlargement of the bronchial glands will often give rise to it, and the peculiar cough is sometimes a valuable diagnostic sign in an affection which is always obscure. In certain cases of asthma the cough recurs in paroxysms which are often attended with a noisy inspiration. In general terms, you may state, cough does not bear an accurate relation to the extent of the pulmonary lesion; frequently the cough seems to be almost in inverse proportion to the mass of parenchyma involved in the disease. For if a large portion of the lungs be rendered unfit for the performance of the respiration, the patient cannot make the forcible expiration necessary to produce a decided cough. It is rather a sign of laryngeal and tracheal irritation, than of deep-seated pulmonary disorder. The cough is of less value as a sign in the aged than in those enfeebled by disease, or than in other patients, for in them it may be wanting throughout the whole course of a grave disease: the same remark is applicable to young children, who cough much less frequently than those who are older. In diseases of the lungs in general, the cough may completely cease if the brain becomes seriously involved; for a cerebral disorder renders a patient unconscious of the irritation, which, under ordinary circumstances, would give rise to severe cough. Secondary inflammation of other organs, as the stomach and bowels, sometimes produces a similar effect, but to a much less degree: this is in accordance with the general pathological law, that a severe intercurrent inflammation will obscure, and, to some extent, replace the symptoms of the primitive affection.—*Med. Examiner.*

DOVER'S POWDER MODIFIED.

Dr. Townsend, of Wheeling, has sent to Dr. Drake a note, in which he recommends two new ingredients in the formula for this popular compound—nitrate of potash and the powdered root of the Sanguinaria Canadensis. Many of our brethren in the West, have long been accustomed to substitute the former of these articles for the sulphate of potash, but have not dispensed with the ipecacuanha. Here is the doctor's recipe: Opium and the powdered root of the sanguinaria, each one grain, nitrate of potash eight grains, mixed intimately by trituration. This preparation he has used, instead of the officinal, since the year 1816. The following are his pharmaceutic and practical remarks concerning it:

"It is said in our Dispensatories that the only use of the sulphate of potash is, to reduce the opium to an inpalpable powder by the hardness of its crystals. I dry the opium and then pulverize it until it all passes through a fine sieve. This enables me to use the nitrate of potash, which is a diuretic salt of long-established value, and always admissible when the Dover's powder is proper. Instead of the ipecacuanha of the old preparation, I have substituted the pulverized root of the *Sanguinaria Canadensis*, which is as good a diaphoretic as the ipecac., at the same time that it is an alterative of nearly as high powers as mercury. My Dover's powder, then, does not contain anything in the old preparation but the opium.

"I am aware that many are opposed to everything new. But let such look at the long list of diseases enumerated by Professor Tully, in which sanguinaria has been found highly beneficial as a deobstruent or alterative; and they may be enabled to appreciate its value as a substitute for ipecacuanha in the composition of Dover's powder; and instead of a useless innovation, they may find it to be a real improvement. There is now no question that, as a diaphoretic, for which Dover's powder is so frequently employed, the sanguinaria will do all that ipecacuanha is capable of doing. If, then, sanguinaria possesses other and valuable properties, not possessed by the ipecacuanha, but calculated to fill the indications for which Dover's powder is usually prescribed, it must be obvious that it will render the new preparation a better article, and consequently deserving of the attention of the medical profession.

"I might, from the facts already known of the *modus operandi* of the sanguinaria, go on to show, theoretically, that this modification of the Dover's powder is calculated to make a very superior article to the old preparation. But I am contented with using it in my own practice, and with giving this simple notice, that those of the profession who think proper may avail themselves of any advantage this preparation can afford. The sanguinaria is the growth and product of our own country. This alone is by no means an unimportant consideration, inasmuch as it will assist, as far as it goes, in rendering us independent of other and foreign countries for a necessary article."—*Western Journal of Medicine and Surgery.*

OVARIAN DROPSY.

To the Editor of the Boston Medical and Surgical Journal.

Dear Sir,—If the following briefly sketched cases are worthy of an insertion in your excellent hebdomadal, they are at your disposal.

Mrs. D., æt. 35, bore a child 15 years ago; had a bad "getting up," and has not been healthy since. For many years she was troubled with a tumor in the right breast, painful at times, and thought to be a *cancer*.

Aug. 24, 1838, she complained to me of a small, hard tumor situated in the right iliac region, just above the crest of the pubis. No pain, but its gradual increase excited alarm. Catamenia profuse, with general debility; afterwards irregular, and latterly a total cessation thereof. I pronounced it a disease of the right ovarium, and prescribed accordingly, until, in consequence of the gradual enlargement of the abdomen, the *women* suggested that perhaps my services would be more useful about nine months thereafter! Soon, however, it was regarded otherwise.

In Feb., 1839, the catheter was required, in addition to other means usually adopted in cases of dropsy, which seemed to make no sensible impression on the disease. In July following I tapped her, and drew off 12 lbs. of muddy serum. She soon resumed her domestic avocations, with a gradual enlargement of the abdomen. The mammillary tumor nearly disappeared, and was not painful.

At intervals varying from two to ten weeks, I tapped her eleven times, drawing off, each time, from 12 to 18 lbs., and in all more than 18 gallons of serous, albuminous and sero-purulent fluid. During the intervals she was generally able to attend to her domestic duties; but the tumor gradually hardened, enlarged, and became immovable. After tapping in Aug. last, peritoneal inflammation supervened, and the serous effusion was very rapid, causing an operation Sept. 21 and Oct. 1. Extreme pain in the hypogastric region, with strangury. Catheter removed only a small quantity of urine. She died Oct. 3.

Autopsy—12 hours after, with Dr. P. A large fleshy sac occupied nearly the whole abdominal cavity, forcing the intestines into the left hypochondriac region, and firmly adherent to the abdominal parietes; sac filled with small hydatids and sacculi containing serous, albuminous and sero-purulent fluids nearly 18 lbs., notwithstanding the operation 48 hours before. Exterior to the tumor, and near the right kidney, was a sac containing about two lbs. of serum. Urinary vesicle very much contracted, and the left iliac and part of the hypogastric region occupied by a sac containing five or six lbs. of fluid, urinous in color and odor. Liver healthy, but contracted from severe pressure. Want of proper assistance, and other uncontrollable circumstances, precluded a farther prosecution of an examination so desirable and interesting.

Mrs. D.'s mother died in England of the same disease.

In your Journal of the 30th ult., under the caption, "Actual cautery in gangrene of the mouth," I was surprised to find it asserted that it was "considered to be the only remedy which afforded any chance of arresting the gangrenous destruction of the soft parts, after perforation of the cheek." About a year ago I had a case of gangrene, which per-

forated both cheeks, and was spreading rapidly, which was completely arrested by circumscribing the gangrenous part with a line drawn with a pencil of nit. argent. The sloughs, granulations and adhesions were similar to those of the first case mentioned in your Journal. One cheek entirely healed, and the other excepting a part the size of a crow-quill.

I have also just had under treatment a little girl with an aphthous affection of the mouth, similar to that of Margaret Dagnell, mentioned in the same connection, which resisted ordinary means, and extended from the inner side of the lips to the gums, cheeks, tongue and fauces. Two applications of nit. argent. arrested its progress, and an astringent gargle with constitutional treatment soon effected a cure.

These cases are not cited as anything *wonderful*, but to show that the "actual cautery" is not the *only effectual remedy* in gangrene or aphthous ulcerations.

LEVI BARTLETT, M.D.

Skaneateles, N. Y., Oct. 10, 1840.

FACILITIES FOR STUDYING PRACTICAL ANATOMY.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—I wish to say a few words upon an important subject, if you will spare me the room. The season for dissection has again commenced, and with it the same trouble relative to the claiming of subjects, that has raged for the past year or two. There are now several medical schools in the city, and each anxious for its own success; but let the contest be outright and manfully carried on. The number reported as subjects for dissection has sustained a remarkable decrease within the past three years, and by some strange circumstance these have not been equally divided among the applicants. The law indeed provides that the report shall be made to the Mayor and Aldermen; but not specifying by whom, advantage has been taken by some one (WHOM?), to furnish a certain school, by one of the officers of which the report is handed in to the City Clerk, and the subject claimed by the right of prior application. This has been done not merely the past year, but the *present*; and let us know if this state of things is to continue, and for how long, that we may seek redress from the City Council, and obtain at least the right to *apply*. What an exalted opinion that man must have of the duties of his profession, who resorts to connivance with an inmate of the Almshouse, for the purpose of securing the possession of a dead body.

Yours, respectfully, MEDICUS.

BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, OCTOBER 21, 1840.

APPARATUS FOR FRACTURED CLAVICLE.

THERE can be little doubt, we should think, of the value of the contrivance invented by Dr. Daniel Eastman, of Aurora, Illinois, which is de-

scribed below. Although the description of the apparatus is given as distinctly, perhaps, as it could be in words, we find it rather difficult to understand exactly how it looks. When the instrument is received, as we have some hope that it will be, the subject will again be called up. It is certainly one of the perplexing things of surgery to keep a fractured clavicle in place. If Dr. Eastman's invention answers that end, he deserves the gratitude of the whole profession.

"First. A shoulder piece of strong cloth, or soft leather, about three inches broad, made to fit like the same width of a coat around the shoulder, when the sleeve is detached. To this attach an anterior and posterior strap, descending obliquely across the chest towards the elbow of the opposite side. This is to be applied to the uninjured shoulder.

"Second. Take two splints, nearly three inches broad, and the length of the humerus, lay them together, and connect them at one end with a hinge, for which leather glued on does well enough. These may be cushioned, and placed under the arm of the injured side, with the hinge downwards. To the external splint fasten another at a right angle, to extend along the fore-arm. The juncture must be made strong, with screws or otherwise. To these splints may be attached a sleeve to button or lace around the arm, which will keep the splints to their place. Attach a short strap and buckle to the upper part of the sleeve, on the fore-arm, near the elbow, and another one to the under part of the sleeve, opposite to the upper one.

"You can now place a small block or wedge between the splints, which will separate the arm from the side to any distance you please, and buckle the straps, which, descending obliquely from the opposite shoulder, will draw the elbow inwards and upwards, and of course draw the ends of the fractured bone to their place, without a probability of a subsequent displacement; which, if it should occur, any person of ordinary mechanical skill can rectify by drawing the strap tighter, or inserting a larger wedge, or both if necessary."

Lectures on Theory and Practice.—In the passing notice given a while since, of Dr. Stokes's lectures on the theory and practice of physic, a reference was made to the additional discourses appended to the second edition by our cotemporary, Dr. John Bell, of Philadelphia. He says in the preface that "Diagnosis, a too much neglected part of American medicine, is opened out by this gentleman [Dr. Stokes] with a fulness and accuracy of specification, which the guidance of pathological anatomy alone could give," &c. This is a candid remark, and of itself predisposes one to be favorably impressed with whatever may follow from his own pen. One of the objectionable modes of re-modelling a foreign book for this market, is an attempt to show its faults by interlarding the immaculate opinions of the commentator. In the case before us Dr. Bell gives his author all the credit which is due his profound attainments, and presses nothing upon the reader not strictly in accordance with the plain doctrines of the text. This is judicious; but instead of having added the great amount of matter to be found in this volume, some of which is in a measure lost sight of, from the humble place it occupies, in the character of foot-notes, we are sorry it was not sent abroad by itself, alone and independently. At the 507th page there is really the commencement of a distinct work, which for some good reason, doubtless, is bound up in con-

nection with Dr. Stokes's; whereas the twelve lectures by Dr. Bell deserve a place by themselves. In the first place, they are specimens of medical writing that will well compare with any which have gone before them. Had they appeared in a distinct form, they would have made a far greater sensation; and that is not all, their influence would have been abiding. Our young physicians are getting too much into the habit of skimming over the surface of publications as soon as they have entered upon the responsibilities of practice, with the apology that there is no time for reading elaborate productions. Such being the fact, we are impressed with a conviction that Dr. Bell's twelve lectures, thus humbly appended to a tome sufficiently large before, are not likely to be so extensively read, or to take the rank to which they are richly entitled.

A young practitioner finds that kind of information in these lectures which he may require at the instant it is needed, without being obliged to wander over a mass of extraneous matter, which makes the constant study of certain departments of his profession irksome to him. For example, in lecture 1st, typhous fever is said not to be essentially different from typhoid fever, without the endless arguments pro and con. So, too, of congestive fever—what is it, and what is to be done? Turn to the 3d lecture, and whatever is worth knowing is there presented, divested of the husk and the hull. The same may be said of the several remaining lectures. Each one is a systematic, safe guide by itself. The whole should have been originally an American book, taking a place and a rank. It is not too late yet to detach Dr. Bell's 165 pages, revise them, and send them into the world, to be admired as they deserve.

Embalming.—Dr. Harlan's translation, from the French, of the most admirable and satisfactory work extant on the art of embalming, is just out of the press in Philadelphia—a copy of which we acknowledge with pleasure has been received, but at an hour too late for a more extended notice to-day. Medical students, for they all should be furnished with it in the dissecting season, will find a few at Messrs. Little & Brown's, Washington street.

Filaria in a Horse's Eye.—The receipt of a learned pamphlet, embracing all that is known on this curious and puzzling matter of worms in the eyes of animals, is hereby acknowledged, from the author, Charles A. Lee, M.D., of New York. We had previously read it in the Journal of Science and the Arts, but are nevertheless no less obliged to Dr. Lee. Extracts will hereafter be made.

American Society of Dental Surgeons.—At a meeting of dentists, assembled in the city of New York, on the 18th of August, a constitution was adopted, and all dentists of reputation will hereafter probably belong to the Society—the object being to elevate the profession and to establish uniformity in practice upon scientific principles. Horace H. Hayden, M.D., of Baltimore, was elected president; Dr. J. F. Flagg, Boston, E. Parmly, of New York, and E. B. Gardelle, Vice Presidents. Dr. Parmly was appointed an agent to present a petition to the Legislature of the State of New York, asking for a charter, with power to confer the degree of *doctor of dental surgery*. The next meeting will take place on the

2d Tuesday of August, 1841, at the U. S. Hotel, in Philadelphia.—The above intelligence was gleaned from the last number of the American Journal of Dental Science, a periodical which we are always glad to receive. It is creditable to the dentists of the United States that they have succeeded in organizing themselves into a regular college—the good effects of which we trust will soon be manifest. If the literati—the philosophers and the cultivators of general science—in this country, had half the indomitable perseverance of the gentlemen who composed this convention, the many attempts made within the last two years to establish a national association would not have turned out to be mortifying abortions.

Insane Hospital in Maine.—The splendid edifice erected in Maine will be ready for occupancy, say the papers, in the course of the present week. Dr. C. Knapp has been elected Superintendent; Dr. C. Booth, late of the Vermont Insane Hospital, Assistant Physician; Henry Winslow, Steward; and Hon. R. Williams, B. Brown and Rev. W. C. Larabee, Board of Visitors. The building has a beautiful location, on an eminence between Hallowell and Augusta, on the eastern side of the river, commanding a charming view of both towns and the neighboring country.

Medical Miscellany.—A man died lately—so it is said in the papers—at Waltham, Mass., at the age of 25 years, whose whole body, externally and internally, even embracing the brain, liver and heart, was filled with tumors, from the size of a hen's egg to that of a mustard seed.—Mr. Allen's first No. of the third volume of the American Phrenological Journal, is filled with good matter.—Each vessel of Mr. Cunard's line of Atlantic steamers running between Liverpool and Boston, has a physician exclusively devoted to the passengers. Dr. Scott is attached to the Caledonia.—Another hospital is proposed at South Boston, in connection with the House of Industry. The building erected some months since for a hospital, adjoining the House of Correction, is nearly completed.—Five cases of smallpox exist at Nantucket—all natives of the South Sea Islands: one death, only, has occurred thus far.—Mention is made in the India Journal of three women in the Gwalior State, whose noses had been amputated by their husbands, and who applied to Dr. Brett, Surgeon General of the Governor General's body guard, who supplied the deficiency and restored the integrity of their countenances.—Baboo Mootee Lall Seel has offered to give 60,000 rupees to the first Hindoo widow who will break over a ridiculous custom of the country, and marry a second time.—The class in the Medical Institution of Yale College is larger than it has been for several years past.—A subscriber informs us that if we do not accommodate him in a certain way about paying his subscription for the Journal, he "shall hafter stop it." He shall be accommodated, by all means.—We regret to say that an accident of a very serious nature occurred in Pittsfield, on the 12th inst., to Dr. David Palmer, president of the Medical School of Woodstock, Vt., and lecturer in the Berkshire Medical Institution. He had been engaged for several weeks in delivering a popular course of lectures on geology, chemistry, &c., in which the citizens have been greatly interested. While illustrating some principle under discussion, he inhaled a quantity of sulphuric acid, and it is feared that he cannot survive. The gentlemanly bearing, high scientific

attainments, kindness of disposition, and christian character of Prof. P. have enlisted the sympathies not of the medical class merely, but of the whole community.—Our subscribers frequently inquire respecting Copland's Dictionary, for which some have paid in advance. We have kept them informed in the Journal of the slow progress of its publication in England. Gen. Duff Green, of Washington, is the only person, we believe, who is responsible for its re-print in this country; but whether he has made any arrangements for re-publishing the parts which have been received, we are not informed.

To Correspondents.—Dr. Paine's reply to H. I. B. came too late for this week. It will be commenced in our next.—We have been deferring the review of another work, by a western correspondent, longer than we at first intended, and our friend the writer must still bear with us till Dr. P.'s reply is finished.

Married,—At East Haddam, Ct., Frederick W. Shepard, M.D., of Essex, to Miss Maria T. Green.

Died,—At Natick, Mass., Moses P. Cleaveland, M.D., 33, eldest son of Prof. Cleaveland, of Bowdoin College.—At New Orleans, Dr. David Kerr, one of the oldest and most respectable physicians of that city.—At the Insane Hospital, Brattleboro', Vt., Dr. Theodore Woodward, extensively known as professor of surgery for many years in the Castleton Medical Academy.

Number of deaths in Boston for the week ending Oct. 17, 26.—Males, 12—females, 14. Stillborn, 3.
Of consumption, 7—canker in the bowels, 1—fits, 1—hooping cough, 3—old age, 2—canker, 1—dropsy, 1—infantile, 3—disease of the heart, 1—dropsy in the head, 3—cholera infantum, 1.

LECTURES ON HERNIA AND MECHANICAL SURGERY.

On Tuesday evening the 9th of November, at 7 o'clock, Dr. Chase will commence his Winter Course of Lectures on Hernia and analogous diseases, combined with Mechanical Surgery, as applied to the *correction of distortions.*

The relief of the various *curvatures of the spine, deformities of the limbs, and club-foot,* will be discussed.

The Lectures will be delivered in the lecture-room at his private residence, on Tuesday and Friday of each week, at 7 o'clock, P. M., and will continue three months.

The course will be purely *clinical,* as in every instance patients will be present affected with the disease or deformity under consideration, and the student will have an opportunity of becoming practically acquainted with the use of all the instruments employed in the treatment of these diseases.

Ticket *five dollars.*

HEBER CHASE, M.D.,
Philadelphia, Sept., 1840. O. 14—1m *Ninth street, below Walnut.*

ALBANY MEDICAL COLLEGE.

Lectures will commence on Tuesday, Nov. 3d, 1840, and continue sixteen weeks.

Surgery, by	Alden March, M.D.
Theory and Practice of Medicine, by	James McNaughton, M.D.
Materia Medica and Natural History, by	Ebenezer Emmons, M.D.
Anatomy, by	James H. Armsby, M.D.
Chemistry and Pharmacy, by	Lewis C. Beck, M.D.
Obstetrics, by	David M. M'Lachlan, M.D.
Institutes of Medicine, by	Thomas Hun, M.D.
Medical Jurisprudence, by	Amos Dean, Esq.

ALDEN MARCH, *President.*
J. H. Armsby, *Registrar.*

Jy 29—tN

UNIVERSITY OF PENNSYLVANIA.—MEDICAL DEPARTMENT.

The course of Lectures will commence on Monday, the 2d day of November, and be continued under the following arrangement:—

Practice and Theory of Medicine,	Nathaniel Chapman, M.D.
Chemistry,	Robert Hare, M.D.
Surgery,	William Gibson, M.D.
Anatomy,	William E. Horner, M.D.
Institutes of Medicine,	Samuel Jackson, M.D.
Materia Medica and Pharmacy,	George B. Wood, M.D.
Obstetrics and the Diseases of Women and Children,	Hugh L. Hodge, M.D.

Clinical Lectures on Medicine and Surgery are delivered regularly at the Philadelphia Hospital (Blockley), and at the Pennsylvania Hospital, from the beginning to the end of the session.

263 *Chesnut street, Philadelphia, July* 15, 1840. W. E. HORNER,
Jy 29—eptN15 *Dean of the Medical Faculty.*

COLUMBIAN COLLEGE, DISTRICT OF COLUMBIA.

THE Lectures in the Medical Department of this Institution will commence on the first Monday in November, annually, and continue until the 1st of March.

During this period, full courses will be delivered on the various branches of medicine by

THOMAS SEWALL, M.D., Professor of Pathology, and the Practice of Medicine.
FREDERICK HALL, M.D., Professor of Chemistry and Pharmacy.
HARVEY LINDSLY, M.D., Professor of Obstetrics, and the Diseases of Women and Children.
THOMAS MILLER, M.D., Professor of Anatomy and Physiology.
JOHN M. THOMAS, M.D., Professor of Materia Medica and Therapeutics.
J. FREDERICK MAY, M.D., Professor of Surgery; late Professor of Surgery in the University of Maryland.
SAMUEL C. SWOOT, M.D., Demonstrator of Anatomy.

The Medical College is situated at the corner of 10th and E streets, equi-distant from the Capitol and the President's house.

In the arrangement of this building, and the organization of the school, particular reference has been had to the study of *Practical Anatomy*, a branch which the student will enjoy peculiar facilities for cultivating.

The Professor of Surgery will show all the operations upon the recent subject, *and afford the student an opportunity of repeating the more important ones with his own hand.*

The Professor of Chemistry has a complete chemical and philosophical apparatus.

The Professor of Obstetrics will illustrate his lectures by obstetrical apparatus, and an ample collection of preparations and drawings.

As there are many young men of talent and worth in different parts of our country who, from restricted circumstances, are unable to avail themselves of the benefit of public lectures, the Professors have resolved to admit, gratuitously, two such students from each of the States, and one from each of the Territories. In order, however, to guard against individuals whose education and character do not qualify them to become useful members of the profession, the selection is placed in the hands of the Senators and Delegates of Congress, each of whom has the right to select one student from his respective State or Territory, and whose certificate of selection will be a passport to all the lectures, by paying only, on entering the school, the usual matriculating fee of five dollars.

The entire expense, for a Course of Lectures by all the Professors, is $70. Dissecting Ticket, $10; optional with the student.

The requisites for graduation are, that the candidate shall have attended the lectures of each professor two full courses, or one full course in this school, and one in some other respectable institution. He shall have entered his name with the Dean of the Faculty as a candidate for graduation, and delivered to him an inaugural dissertation on some medical subject, thirty days before the close of the session, and pass a satisfactory examination.

All persons who have attended two full courses of lectures in this school, are entitled to attend succeeding courses free of expense.

The degrees are conferred by the authority of the Columbian College, incorporated by an act of Congress of the United States.

Good board can be procured at from three to four dollars per week.

J. M. THOMAS, M.D.
Dean of the Faculty.

City of Washington, June 2, 1840.

TREMONT-STREET MEDICAL SCHOOL.

THE annual instructions of the Tremont-street Medical School, for private pupils, will commence on the first day of September, consisting of lectures and examinations in the different branches of professional study—as follows:

A course of Lectures and Examinations on Anatomy, in September and October, by Dr. Reynolds, preparatory to the Winter Lectures at the Medical College.

A course of Lectures on the Principles and Practice of Surgery, including diseases of the Eye and Ear, by Dr. Reynolds. This course consists of one hundred lectures, and is continued nine months of the year during the whole period of pupilage. Stated examinations are made in the above branches—and private examinations, if desired, of the graduating class.

Lectures and Examinations in Physiology and Pathology, with a distinct course upon Auscultation, by Dr. Holmes, who will also deliver, if time permits, a course of Lectures on Surgical Anatomy during the winter.

A course of Lectures on Midwifery and the Diseases of Women, and weekly examinations on the same branches and on Chemistry, by Dr. Storer. The above course is illustrated by practical manipulations with the manikin. Arrangements have been made to provide the pupils with obstetric cases as often as may be necessary to familiarise them with this branch of practice.

The departments of Theory and Practice of Medicine, and Materia Medica, are under the superintendence of Dr. Bigelow—who will visit the Hospital with the pupils, for practical observation of disease, and clinical instruction. The exploration of the chest in diseases of the thoracic organs, is made the subject of particular attention in these visits.

Practical Anatomy has always been a primary object in this school, and ample provision is made for a permanent supply of subjects from November to April. The teachers will avail themselves of occasional opportunities to show the pupils interesting cases in private practice—and operations in Surgery and Ophthalmic Disease. The pupils may attend daily on the practice of the physicians or surgeons of the Massachusetts General Hospital, and the Eye and Ear Infirmary.

Convenient rooms, light and fuel, are provided by the instructors.

JACOB BIGELOW,
EDWARD REYNOLDS,
D. HUMPHREYS STORER,
OLIVER W. HOLMES.

Boston, June 24, 1840. eplmeop6m

THE BOSTON MEDICAL AND SURGICAL JOURNAL is published every Wednesday, by D. CLAPP, JR., at 184 Washington St., corner of Franklin St., to whom all communications must be addressed, post paid. It is also published in Monthly Parts, with a printed cover. There are two volumes each year. J. V. C. SMITH, M.D., Editor. Price $3,00 a year in advance, $3,50 after three months, or $4,00 if not paid within the year. Two copies to the same address, for $5,00 a year, in advance. Orders from a distance must be accompanied by payment in advance or satisfactory reference. Postage the same as for a newspaper.